V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Coun Villag	PLACE OF DEATH 15886  Place of DEATH 15886  Por City No. 1000  Part No. 1000  Par	(w)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 8 0  St; Ward)  [If death eccorred in a hespital er institution, gite its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE OF DEATH
355	4 COLOR OR FACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCES Write the word)	16 DATE OF DEAT	(Month) (Day) (Year)  BY CERTIFY. That I attended deceased from
6 DA	1 day, hrs.	that I last saw	h alive on 191 , 191 , occurred on the date stated above, at
(b)	yrs. mos. ds. or mig.?  CUPATION  Trade, profession, or licular kind of work  General nature of lodustry lness, or establishment in	The CAUSE OF	braf Hemors Loge
whi	ch employed (or employer)  RTHPLACE (State or country)	Contributory	(Ouration) yrs, mos. ds.
RENTS	10 NAME OF FATHER WILL Known K	(Signed)  State the  CAUSES, state ( SUICIDAL or Ho	, M. 0.  191 (Address) , M. 0.  DIBFASE CAUSING DEATH, or, in deaths from Violent (1) Means of Injury; and (2) whether Accidental, MICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)		SIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, IDENTS)  In the
	Informant	tf not at place of deel Former or usual residence	
15	REGISTRAR	PLACE OF BUF HEARING 20 INDIRTAKER	Leon Valley Lu
_	If more blanks are needed, address State Reglatrar,	16 W. Saratoga St., B	salto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "I caler," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no oeeupation whatever, Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning: or miscarriage "Senile," etc.), as "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAU, V.S.

BINDING FOR RESERVED MARGIN

> No. zi. ...

4 S THIS UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH

Gounty St. Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25
Village or City Milley Lee (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Muite Single,  Widowed,  Wildowed,  Wildowed,  Write the word)	16 DATE OF DEATH  Selt 22, 1916  (Month) (Day) (Year)
6 DATE OF BIRTH & Ch	17 I HEREBY CERTIFY, That I attended deceased from Aug. 305, 1915, to Left, 2/26, 1916.  that I last saw here alive on Left, 2/26, 1916.
(Month) (Day) (Year)  7 AGE  S 7 yrs mos ds. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date atated above, at 6 P, m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) — yrs. — mos. 2 2 ds.  Contributory (Secondary)
10 NAME OF Phil Beasoch  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) 1. Horher Lynch, M. D. Left, 23, 1915 (Address) Palle, Lee, M.S.
OFFATHER (State or country) of Mary (od Mi)  12 MAIDEN NAME Sallie Greenwel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, and (2) whether ACCIDENTAL, SUICIDAL CAUSE, and (2) whether ACCIDENTAL, SUICIDAL CAUSE, and (2) whether ACCIDENTAL, SUICIDAL CAUSING DEATH, or, in deaths from VIOLENT CAUSE, and (2) whether ACCIDENTAL, SUICIDAL CAUSE, and (3) whether ACCIDENTAL, SUICIDAL CAUSE, and (4) whether ACCIDENTAL, SUICIDAL CAUSE, and (2) whether ACCIDENTAL, SUICIDAL CAUSE, and (3) whether ACCIDENTAL, SUICIDAL CAUSE, and (4) whether ACCIDENTAL, SUICIDAL CAUSE, and (4) whether ACCIDENTAL CAUSE, and (4) whether ACCI
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
Informant) Char M. Regell  (Informant) Char M. Regell  (Address) Calley See, Mind  15	Where was disease confracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Date of BURIAL  20 DESTRUCTION SUPPLIES  21 DESTRUCTION SUPPLIES  22 DESTRUCTION SUPPLIES  23 DESTRUCTION SUPPLIES  24 DESTRUCTION SUPPLIES  25 DESTRUCTION SUPPLIES  26 DESTRUCTION SUPPLIES  27 DESTRUCTION SUPPLIES  28 DESTRUCTION SUPPLIES  29 DESTRUCTION SUPPLIES  20 DESTRUCTION SUPPLIES  21 DESTRUCTION SUPPLIES  22 DESTRUCTION SUPPLIES  23 DESTRUCTION SUPPLIES  24 DESTRUCTION SUPPLIES  25 DESTRUCTION SUPPLIES  26 DESTRUCTION SUPPLIES  27 DESTRUCTION SUPPLIES  27 DESTRUCTION SUPPLIES  27 DESTRUCTION SUPPLIES  28 DESTRUCTION SUPPLIES  28 DESTRUCTION SUPPLIES  29 DESTRUCTION SUPPLIES  29 DESTRUCTION SUPPLIES  20 DESTRUCTION
Filed Sept. 2 3 7 191) James C. Haman	20 UNDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpebal peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



BINDING FOR RESERVED MARGIN

V. S. No.

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1 PLACE OF DEATH	STATE OF MARYLAND
5+201-15888	CERTIFICATE OF DEATH
County Monga	Registration Dist, No. 284
Village or city hear Cherlotte theel.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME instead of street and numbor.]
FULL NAME Earthel M.	1 graflour
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH SEAL 220
MARRIED, WIDOWED.	(Month) (Day (Year)
Jemale Octorell Oppowered word) single	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	m Deff 21, 1915, to 191 ,
June 14, 1913	that I last saw har alive on SEpt 2 1 191.5.
7 AGE (Month) (Day (Year)	- 2.
1 day,hrs.	and that death occurred on the date stated above, at
yrs 3 mos do ds OR min.?	ALL DEATH AND SO TOHOMS.
8 OCCUPATION (a) Trade, profession, or	Eules Coleps
particular kind of work	
(b) General nature of industry, business, or establishmen1 in	(Duration) yrs mos ds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary
J Mary Co	(Doration) yrs mos ds.
10 NAME OF FATHER OF BOOK	(Signed) Morgae to tottom, M. D.
11 BIRTHPLACE	19 (Address) Muchain will
Z OF FATHER (State or country) Thursday	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Flora Buscos	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF O O	At place in the
OF MOTHER (State or country) Chorles Co. MA	of death yrs mos ds State yrs mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(informant) Charles most on	Former or usual residence
(Address) Charleston Hall.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15	Mh Colore Cecules Defet 24, 191.
Flied	20 UNDERTAKER ADDRESS
REGISTRAR	Com Cierles chalas mas

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V. S. No. 1.

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PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIGOWEO OR OIVORCED (Write the word)  6 DATE OF BIRTH  7 AGE  16 DATE OF DEATH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I attended deceased from 1 day, hrs. 2 day, day, day, day, day, day, day, day,
MARRIED, WIOOWEO OR OIVORCED (Month) (Day) (Year)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  If LESS than 1 day, hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry
TAGE  (Month)  (Day)  (Year)  That I last saw h alive on
TAGE  If LESS than 1 day, hrs. OR min.?  BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry  (c) General nature of industry
(a) Trade, profession, or particular kind of work. (b) General nature of industry
which employed (or employer)
9 BIRTHPLACE (State or country)  Contributory Secondary
OF FATHER (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME (State or Country)  12 MAIDEN NAME (State or Country)  13 MAIDEN NAME (State or Country)  14 MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.
OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  OF MOTHER  (The state of death of the state
(Informanf) A fut Cash Former or usual residence
(Address) It with the Table Sacred Head 9-2., 191.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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If his certificate is looked over thoroughly and all ques-

Y. PHYSICIANS xact statement of Exa Z RECORD EXACT 200 stated PERMANENT 5 roper 0 shoul pe may C plied. 173 th 0 E c Cal 00 Q 2 8 important. I no PLAINLY, 0 EOF infori S CAU should state C of

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution. give. its NAME instead of street and number. PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH SINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR MARRIED WIDOWED OR DIVORCED (Dav) (Year) CERTIFY. That I attended deceased from S BATE OF 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signad) S 11 BIRTHPLACE FNJ (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, oc 12 MAIDEN NAME SUIGIDAL OF HOMICIDAL a OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At piace In the DEMOTHER of death .....yrs. .... . Sfate. (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? ... Former or usual residence DATE OF BURIAL (Address' 15 20 UNDE ADDRESS REGISTRAF If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, write None. Housemaid, engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupaetc. If the occupation has been changed If retired from (b) Auto-

Statement of Canse of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths Struck to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uratmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL septichuemia," Examples: Accidental drowning; State cause for which Never report mere



	RECORD .	PHYSICIANS should state
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AQE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

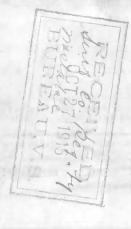
PLACE OF DEATH	STATE OF MARYLAND
County It Marifa	CERTIFICATE OF DEATH
County	Registered No.
Village or City A rayelin (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
DATE OF BIRTH  Law 9th 1842  (Month) (Day) (Year)	that I last saw hard slive on John 1916
AGE  73 yrs. 8 mos. 2 ds. OR min.?	snd that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or John Farmer (8473) particular kind of work Lawred Farmer (8473) (b) General nature of industry, pusiness, or establishment is which employed (or employer)	Courebral Almonage (Duration) yrs. 3 mos., ds.
BIRTHPLACE (State or country) Julean Amas les Mid	(Secondary)  (Secondary)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)
10 NAME OF FATHER John Cohleage  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Arthur Kebt M. D. Sept 1 1915 (Address) Ports Bello. ru
(State or country) Allaware  12 MAIDEN NAME OF MOTHER  (State or country)  Allaware	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
Filed left 11 t. 191 5 Beng Fr / Registran	19 PLACE OF BUBIAL OR BEMOVAL  LATER OF BURIAL  20 UNDERTAKER  LEWIS F. Lewise  Appress  Lewis F. Lewise  Appress  Lewis F. Lewise  Lewis F.
if more blanks are needed, address State Registrar, 6 l	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the desired the causation of cause of death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinological desired cause of lungs, meninges, peritonaeum, etc...

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Puerperal septiehaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name orlgin; "Can State cause for Examples:



V. S. No. 1.

state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT proper NY UNFADING back plain instructions = WRITE 20 ō mportant. Every its

#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registered No nea If death occurred in .....Ward) a hospital or institution, give Its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWEO, (Month) (Year) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE 1 day, .... hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... <sup>9</sup> BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER (State or country) State ..... yrs. of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY If not at place of death?-Former or usuai residence. DATE OF BURIAL ..., 191.0 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the piseass Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephrita nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) oma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), Examples: For VIO-



V. S. No. 1.

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#### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT proper plai Information 5 DEATH 6 10 CAUSE

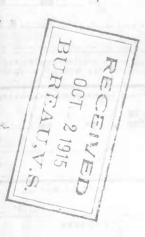
PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH County Registration Dist. No. wa It death occurred in Village or City .....Ward) a hospital or Institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH marrie 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 191/4 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Month) (Year) (Day TAGE It LESS than and that death occurred on the date stated above, 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER (Signed 0 PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. If not at place of death? Former or osual residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. mant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerpenal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Exhaustion," For vio-



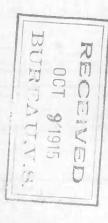
County Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Coonfre No Ha 2 FULL NAME Cose Ytoe	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Section of RACE   5 SINGLE, MARRIED, WIDOWED OR OIVORCEO (Write the word)	16 DATE OF DEATH Sept 20, 1910 (Month) (Day) (Year)
6 DATE OF BIRTH  Aug 20, 194  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 191, to , 191, that I last saw h
7 AGE  If LESS than 1 day, hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:  Lalera - Infautum
(b) General nature of lodustry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Durstion) yrs. mes. ds.
10 NAME OF FATHER Harry Haudy  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER ROSIGN HOLLS,	(Signed) (Signed) (Signed) (Signed) (Signed) (M. 0. ) (Signed) (M. 0. ) (Signed) (M. 0. ) (Signed) (M. 0. ) (M.
of Mother (Cocc Wolle,  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the if death yre mas ds State, yrs mos ds Where was disease contacted.
(Informant) James Holl	If not at place of death?  Former or  usual residence
(Address) compce planted  15 FILE OF LEON D  REGISTRAR	20 UNDERTAKER
df more blanks are needed, address State Registrar,	

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If retired from without more (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitiol to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "PUERPERAL septichaemia," by railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never (Recommendations report mere mound



S. No. 1.

7

N. B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1	1800-		
1	PLACE OF DEATH	STATE OF MARYLAND	
Cou	inty Manye	CERTIFICATE OF DEATH	
	9 1 41.11.	Registration Dist, No	
Villa	age or City Hear IIMA (No,	St.; Ward) [If death occurred in a hospitat or institution,	
	1 11 0.	give its NAME instead of street and number.]	
	FULL NAME Grackh Uni	of Hazel.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SE	MARRIED	16 DATE OF DEATH Sept- 19 1915-	
1	Wall white (Write the word)	(Month) (Day (Year)	
6 DA	TE OF BIRTH	17 LIPS 1915 to Color 8 1915	
	July 19, 19/5	that I last saw ham allve on Difet 17 1915	
7 AG	(Mooth) (Day (Year)	and that death occurred on the date stated above, at	
	1 day,hrs.	The CAUSE OF DEATH* was as follows:	
foc	CUPATION yrs	Breumonae Bronchial	
(a) Trade, profession, or		plensizy.	
particular kind of work  (b) General nature of industry,			
whic	less, or establishment in h employed (or employer)	(Ouration) yrs mos 3 ds.	
9811	State or country) Df Marys Co Mod	Contributory Humophilia	
	10 NAME OF ALL	(Signed) C. G. Brown w. n.	
S)	11 BIRTHPLACE 11 1 102	P. 61 10 1- 18 of ly 1- mal	
ENTS	OF FATHER (State or country Cashing Mon VC)		
PAR	12 MAIDEN NAME OF MOTHER Sens The Fundline	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  At place	
14	(State or country) Jachington &Co.	of deathyrsmosds. Stateyrsmosds Where was disease contracted.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of death?	
(Informant) AurMino III Trager		Former or usual residence	
6	(Address) Bushington all.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL	
15	elt out in 10 the fifth s.c.	Incholar Light 19, 1915	
File	PEGISTRAR	20 UNDERTAKER Hothingly GODRESS MILLS	
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc. without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) may be stated under the head of (Recommendations on statement of For VIO-



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. AGE should be so that it may be properly classified. INK-THIS IS AGE UNFADING WITH WRITE PLAINLY, N. B.—Every Item of Information s CAUSE OF DEATH in plain Important. See instructions of

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PLACE	OF	DEATH	
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15896

County.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

, 191

ADDRESS

VII	lage or City Beaureuse (No. ,	Registration Dis	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 s	male white Single, single MARRIED, wipower or	(Month)  17  I HEREBY GERTIFY, That  Aug 23, 1915, to 24	(Day (Year)
7 A	(Month) (Day (Year)  GE   It LESS than   t day,hrs.    yrs.   mos.   ds.   OR   min. ?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	ae 177115.
pa (b) bus wh	) Trade, protession, or ritcular kind of work.  ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary	******************************
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Juration) (Signed) (Address) (Juration) (Signed) (Address) (Juration) (State the Disease Causino Death, or Causes, state (1) Means of Injury; at Tal, Suicidal, or Homicidal.	Fath 1910
14.7	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  At place in the	yrs, ds
15	(Address) Beautien	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

REGISTRAR

college

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of For VIO-



PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT EXACTLY. stated classified. 4 S should UNFADING INK-THIS properly AGE supplied. may be that it ma 00 WITH of information should be DEATH in plain terms. WRITE PLAINLY, See CAUSE OF Important. S z

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE Si MARRIED, WIDD WED. (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 day,.....hrs. OR ..... ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) State or country 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or count) 14 THE ABOVE IS (Address) 15

REGISTRAR

If more blanks are needed, address State Regi

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No. 8 4

togioti ation Dist.	110.1
St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
•	or ottoot and numbers

	MEDICAL CERTIFICATE OF DEATH
1	DATE OF DEATH SEMM. 1915
	(Month) (Day (Year)
1	I HEREBY CERTIFY, That I attended deceased from
	July 20 1 1915 to Super 4 3 1915
-	Part of the state
tl	nat I last saw h the allve on 191
21	nd that death occurred on the date stated above, at 9 m
	he CAUSE OF DEATH* was as follows:
***	
***	- wo was a confirmation
**	
	(Ouration) yrs // Zmos ds
-00	Ust align)
	Contributory Secondary
***	Quration yrs mos ds
(	Signed)
Ţ,	Sepry 1915 (Address) Cechamics will
-	
	*State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
1	8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
1	it place In the
	t death yrs mos ds. State yrs mos ds
	Yhere was disease contracted,
	f not at place of death?
	ormer or Isual residence
	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	La Calde With
0	T. Klight 5 beneley Jefst 4 1, 1915
2	OUNDERTAKER ADDRESS
1	ason Herbert mechanin ville
aı	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ø

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medicai Association.) "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genitai," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For vio-



V. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION IS very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

15898	
1 PLACE OF DEATH	STATE OF MARYLAND
County St Mary's	CERTIFICATE OF DEATH
County	Registration Dist. No. 983
Village or City Holy ev (No. /	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Foundle Block (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  1915  1915
(Month) (Day) (Year)	that I last saw han alive on 1910
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 1. The CAUSE OF DEATH* was as follows:
OCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Juhr aulasio.  (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country)	(Secondary)  (Doration) yrs mes ds
OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER Such / Crose 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.
Informant). Transfer to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.  your place of Burial or Removal Date of Burial
(Address). 15	St Thus Cerelly Seft 17 , 1915
REGISTRAR	11. Molling Leonordleion.
it more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers statement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

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RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shows that it may be properly classified. Exact statement of OCCUPATION manufact to be properly classified. Exact statement of OCCUPATION
IS IS A P	hould be sta classified. I
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WR	Very Item of AUSE OF E

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fif death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SSINGLE, STU 3 SEX 4 COLOR OR RACE 1915 WIDDWED, (Month) (Year) (Day) ORDIVERCED (Write the word) Y CERTIFY. That I attended deceased from (Month) (Day) It LESS than TAGE 1 day,....hrs. The CAUSE OF DEATH\* was as follows: .....min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... State or country (Secondary) 10 NAME OF (Signed) FATHER OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the At place State ...... yrs. \_ ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted, If not at place of death? Former or usual residence. 15 ADDRESS If more blanks are needed, address State Registrar, 6 W. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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#### MARGIN

V. S. No. 1.

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PHYSICIANS should state Very B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

County

1 PLACE OF DEATH

15900



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

	St	.;	 W	ard	)	
10				11		

[It death occurred la a hospital or institution, give its NAME instead of street and number.]

ADDRESS

2FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Punal Single, With Out of the word)	16 DATE OF DEATH Sept. 4, 1915. (Month) (Day (Year)
6 D.	Month (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from
TA	It LESS than   1 day,hrs.	and that death occurred on the date stated above, at
(a) par (b) bus	CCUPATION Trade, profession, or floular kind of work	(Duration) yrs mos ds
	RTHPLACE (State or country)	Gontributory Secondary
ARENTS	10 NAME OF THE MAISHALL -  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Ouration) yrs mos ds.  (Signed) (No. 1915) (Address) (No. 1915) (Address) (No. 1915) (Address) (No. 1915) (No.
1 <sub>d</sub>	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds
	Informanty (Address) (Address)	Where was disease contracted, If not at place of death?  Former or  BISUAL PERSONNEL DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL OR REMO

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are eugaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or misearriage as "Puerferal scotichaethenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Puerferal peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanttlon," "Maras: "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State cause for "Exhaustlon," Never report



S. No. 1.

:-

N. B.

OCCUPATION PHYSICIANS EXACTLY.

classified. properly AGE e carefully supplied. PLAINLY, WITH of information DEATH WRITE Every Item CAUSE OF Important. S

	PLACE OF DEATH	STATE OF I	MARYLAND
	ounty St. (Mary)	CERTIFICATE	OF DEATH
C	ounty	Pedistration	Dict No.
	illage or City Palles Lee (No	Registration	Dist. No.
٧	iliage or City Alle Ree (No,	st;w	a nuspital of institution,
	Rasie Mil	burn	give Its NAME Instead of street and number.]
	² FULL NAME / (///		***************************************
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIEO, WIOOWED, WIOOWED,	16 DATE OF DEATH	2 23 1915
1/2	male Mute (Write the word)	(Mont)	/ (==3/ (===1//
6 D	ATE OF BIRTH	1. 10 10 1	at I attended deceased from
	1896	1	Lt. 23, 91915,
	(Month) (Day) (Year)	that I last saw h lam allve on	J. Seft 13=, 1916
TA	If LESS than 1 day,hrs.	and that death occurred on the date sta	
	/9 yrs ds. ORmin.?	The CAUSE OF DEATH* was as follow	1.11
	CCUPATION	Tulmousty	Vubliculases
	Trade, profession, or Housework	1	
(b)	General nature of Industry,		
	iness, or establishment in ich employed (or employer)	(Duration)	yrso. mos. ds.
9 B	RTHPLACE tate or country) If Manua Co. Cond	Contributory (Secondary)	
	10 NAME OF COMMENT	(Duration)	yrs
	FATHER John H. Milburin	(Signed)	yne L. M. D.
NTS	OF FATHER IN CO.	Sept 27 1916 (Address) / RE	ly tee, ma,
ARE	(State or country) & Mary Key, Char	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, In deaths from VIOLENT and (2) whether ACCIDEN-
PA	OF MOTHER It & Greenwell	18 LENGTH OF RESIDENCE FOR HOSPIT	
	13 BIRTHPLACE OF MOTHER (State or country) St. Mary Os, Gud	At place in the	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	Informant) bhat, a Walle	Former or	
	More for mil	usuai residence	
	(Address) lacety ce, 4112	19 PLACE OF BURIAL OR REMOVAL	OATE OF BURIAL
15		20 UNGERTAKER	, 191
CII	nd C 101	UNUERIANER	ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 ds.; (name origin; "Can State cause for "Exhaustion," Never report Examples:



RECORD PERMANENT BINDING < AGE 2 FOR THIS supplied RESERVED NX UNFADING carefully be WITH MARGIN PLAINLY, WRITE

should be stated EXACTLY. PHYSICIANS y be properly classified. Exact statement of Village or City PERSONAL AND STATISTICAL PARTICULARS SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWED TO OR DIVORCED (Write the word) of certificate 6 DATE OF BIRTH (Month) (Day) TAGE if LESS than it may 1 day, hrs. that 0 OCCUPATION
(a) Trade, profession, or plain terms, so t See Instructions particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER CAUSE OF DEATH IN Every item of information should should state CAUSE OF DEATH I OCCUPATION is very Important. PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE (Informani (Address' 15 S. No. 1. 0 REGISTRAR ż

PLACE OF DE



(Year)

min. ?

If more blanks are needed, address State Registrar, 1

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St:

iogisti ation	Dist	110.
Ward)		[If death occurred in

long	give its NAME instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day) , 19W
17 I HEREBY CERTIFY, That I a	(/
, 191, to	, 191
that I last saw h alive on	, 191,
and that death occurred on the date s	tated above, at / 4 m
The CAUSE OF DEATH * was as follo	
Tutriculoses	(P)
Jan 11 carries	1/ / 1
(Ouration)	3 yrs. , mos ds
Contributory hous	/12
(Aurolian)	/ V do
(Slowed), Molerya	yrs. mos / V de
10.8 00.1	rolas .
*State the DISEASE CAUSING DEATH, O	r. in deaths from VIOLENT
CAUSES, State (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	(2) whether Accidental,
18 LENGTH OF RESIDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS
At place In the	
ef death yre mes. ds. Stat Where was disease contracted,	le,yrs,mos, de
if not at place of death?	
Former or usual residence	
19 PAGE OF BURIAL OR REMOVAL	DATE OF BURIAL
Midge	Dept 19 191 J
20 UNDERTAKEN	ADRESS
Wm Kolend	/Cedg (_
6 W. Saratoga St., Balto, Requesting V. S. No.	1.

[Approved by U. 8. Census and American Public Health Association.]

state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (seeondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver State cause for which "Exhaustion, wound of



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